

Natural vs Caesarean

What difference does it make? With more and more mummies-to-be opting for a planned caesarean, here's what you need to know before making your decision. **MH** lists the pro and cons.

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Some women prefer the certainty of preparing for a planned pregnancy. Knowing the date on which their baby will be born and being able to make all the necessary preparations, to the uncertainty of waiting for labour to begin spontaneously. However, obstetricians are unlikely to offer a planned caesarean unless there is a medical reason for it.

It is vital that if you are presented with such a choice, you think carefully about your decision.

Knowing the Difference

Vaginal birth used to be the default choice for childbirth and women were not given much of an option. Caesarean sections were only done on an emergency basis when the natural birth plan fails or electively for medical indications like breech presentation or placental praevia.

In general, vaginal birth is recommended over a caesarean section in women with uncomplicated pregnancies and no previous caesarean sections because it is a more natural process for mother and baby, explains Dr Tan Eng Loy, consultant from the Department of Obstetrics and Gynaecology, Singapore General Hospital.

Statistically, the least amount of long term and short term complications is associated with successful vaginal births. However, an elective C-section scores way better than having an emergency C-section after the natural plan fails.

Furthermore, recovery in general is quicker for those who undergo vaginal birth compared to a C-section, says Dr Tan. The hospital stay is shorter for vaginal birth with a lower risk of needing readmission to hospital.

The process of vaginal delivery is believed to "squeeze" fluids out from the baby's lungs, as

a result, they are less likely to develop respiratory distress, explains Dr Tan, compared to those born via caesarean section. Consequently, babies are less likely to require neonatal intensive care admission.

There is a risk that the baby may be cut accidentally during a caesarean section (up to 2 in 100). There is a higher risk of needing a hysterectomy (operation to remove the womb) for severe bleeding in women after planned caesarean delivery compared to those after vaginal delivery, says Dr Tan.

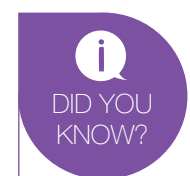
The Reasons for your Choice

Planned caesarean sections can be done for medical reasons, or non-medical reasons at a patient's request, explains Dr Watt Wing Fong, specialist in Obstetrics and Gynaecology, Raffles Women's Centre. Common medical reasons include low lying placenta, abnormal baby's position (eg breech), previous caesarean sections, or any conditions that may make a vaginal birth unsafe.

Some patients may have had two or more previous caesarean sections which may increase the risk of uterine rupture should she undergo a subsequent vaginal delivery. Increasingly, there are more women requesting for caesarean sections without any clear medical reason. According to Dr Watt, the common reasons for patients requesting for a planned caesarean section include the fear of labour pain, the fear of episiotomy, fear of the uncertainty of achieving a normal delivery, wanting a horoscopic delivery or not wanting a long labour.

After a Previous Caesarean Section

It is important to understand the reasons behind the previous C-section, explains Dr Chua Yang a consultant obstetrician and gynaecologist at A Clinic for Women. If the first attempt at natural birth failed after a long and arduous labour because the cervix



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just won't dilate fully, or the baby is clearly too big for mummy, then one has to realise that it will be the same for the second baby as well, assuming the baby has the same genetic inputs.

If the first C-section was done due to baby's presentation (breech for example) or other non-recurring indications, then a trial of vaginal birth after the C-section (VBAC) still would have a fair chance at success, explains Dr Chua Yang.

Potential benefits for a successful VBAC is the avoidance of major abdominal surgery hence resulting in lower risks of haemorrhage, infection, and also a shorter recovery period compared with an elective repeat C-section.

Successful VBAC also allows women the option to have bigger families as most C-sections can only be repeated two to three times.

If the VBAC fails, says Dr Chua Yang, this repeated failure of labour will bring again more complications than an elective repeat surgery. The biggest worry about VBAC is uterine scar rupture which will significantly increase the chance of maternal as well as neonatal morbidity and sometimes mortality.

In terms of the risks of scar rupture, explains Dr Chua Yang, the risks are higher if labour is induced or augmented with oxytocics. Risks are also higher for older mothers, pregnancy past 40 weeks, two or more uterine surgeries prior, or if the second pregnancy was less than 24 months after the first surgery.

For example, if a mother had her labour induced in the first pregnancy because she was yet to deliver by 41 weeks, and went on to have a very long labour which ended in an emergency C-section, then trying VBAC may not be the wisest thing to do. Most clinicians would not be keen to go ahead with VBAC.

Choosing a Vaginal Birth after a Caesarean Section

Whether a woman can opt for a vaginal birth after a previous caesarean section depends on what the reason was for the first caesarean section, and the condition of the present pregnancy, explains Dr Watt. If the current pregnancy does not necessarily require a caesarean section, women can choose whether to do a planned repeat caesarean section, or to attempt a trial of vaginal birth after caesarean (VBAC). However, the reasons for these are entirely based on safety concerns for mother and baby.



Having a Planned Repeat Caesarean Section

Many women do not want a repeat C-section if the first one was done under emergency conditions, says Dr Chua Yang. The reasons for this are largely due to the preceding long and exhausting labour as well as the negative emotions associated with the failed labour. The healing from surgery is also more difficult as there would be more edematous tissues to deal with at surgery resulting in higher risks of increased blood loss and infections explains Dr Chua Yang.

These factors are very different if the C-section is an elective one. With elective surgery, mothers have the benefits of knowing when and could easily plan their maternity leave to get a few days' rest before starting their second round of looking after a newborn again. This means that their firstborn toddler can have babysitting plans made way in advance and they have less adjustment issues.

A repeat caesarean section is usually more difficult to do compared to the very first one, explains Dr Tan. The result of scar tissue formed during the healing process from the first operation can cause the internal organs to be stuck together. The risk of accidental damage or injury to these organs can therefore be increased. There is a longer period of recovery and hospitalisation compared to women who undergo successful VBACs.

Will You Always be Able to Choose?

It will very much depend on the patient's clinical situation and personal wishes. It is important to discuss with your doctor to see if you are a candidate to do a VBAC. If you are uncertain, you may seek a second opinion. The best way is for you to discuss with your doctor and balance the risks and benefits of each option so that you can make an informed decision. 